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## DANGERS OF OBESITY

BY JAMES FREDERICK ROGERS, M.D.

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The process of becoming "stout" or obese is such a pleasurable one that it seldom occurs to the person who is laying up superfluous fat that it can lead to any harm. Yet even pleasurable pursuits may be dangerous, and the bodily ailments due directly or indirectly to obesity are many and serious, and carefully collected statistics show that this condition leads to a considerable shortening of life.

Ebstein, a distinguished authority on this subject, has very appropriately divided the corpulent into three classes: "the enviable, the ridiculous and the pitiable." The corpulent, of the first stage of obesity, have just enough fat stored under their skin to round the outlines of their body and to make them seem enviable to their skinny and angular fellow mortals. In the second stage, the fat has become so abundant in certain regions, and the body so unwieldy, that the unenviable figure and movements of the victim evoke a smile from others. In the third stage, the obese has become so helpless and is the subject of so many other bodily afflictions, that he is indeed an object of pity.

He who has reached the ridiculous or the pitiable stage of this disease has first passed through the enviable stage, and while the possession of a certain amount of adipose is of advantage, other than for looks, to its possessor, even the enviable stage is not to be taken too lightly, since it may, unless the person is duly cautious, lead into obesity of the other degrees.

The cause of corpulence is not far to seek: it is the result of superabundant and tempting food and of an ability of the body to digest and store that food; it is the outcome of a good digestion and of good living. The victim of obesity seldom, if ever, will admit these causes, and is more blind to his intemperance in foods than is the intemperate in alcohol. He may admit that he likes a variety of well-cooked dishes, but he never thinks he eats much, nor too much. The fact is that he may not eat as much as his lean neighbor, and, indeed, he actually needs less per body weight than the thin person, but, as Samuel Johnson so aptly put it, "Whatever may be the quantity that a man eats, it is plain that if he is too fat, he has eaten more than he should have eaten,—it is certain that solidity is increased by putting something into it." The less muscular exercise the obese one takes, the more rapidly his fat accumulates, and usually muscular indolence has much to do with increasing corpulence. As the person gets heavier, it becomes more difficult for him to take ex-

ercise. A breaking down of the arches of the feet from the unnatural bodily load they must support often makes walking difficult, while gout and rheumatism, which accompany obesity, cripple the other joints of the body; anaemia or imperfect blood often accompanies obesity as it advances, and a degeneration of the blood vessels and weakening of the heart come on apace. It is not to be wondered at that the heavy weights decline to exercise and often become pitifully helpless, and it is no wonder that they die before their time.

If obesity is brought on by overeating and under-exercise, its cure, and better, its prevention, is plainly to be had by exercising more, and by eating only such an amount as will allow a using up of the superfluous fat or the prevention of such an accumulation of adipose as will render the person uncomfortable or reduce in the least his capacity for bodily exertion. The obese must set his general body fitness above his love of good food. It is unnecessary that he should starve himself into a rapid loss of weight, or that he should attempt extravagant and exhausting muscular feats. The process should be a slow one, the food being reduced, and the exercise increased, gradually. The loss of an ounce or two in weight a week will amount to considerable in the course of a few months. The obese will find the physician the safest adviser as to the character of exercise and the rapidity with which reduction of weight should be carried out.

All obesity cures depend on these two means, and especially on a reduction of the food taken. They are also alike in that they would have the sufferer from obesity take very little sugar or starch in any form, as these are the materials from which the body chiefly makes its own fat. Sweet or sweetened dishes of all sorts should be avoided, as also bread, biscuits, crackers, potatoes, corn, rice, macaroni, corn starch, bananas, and cakes, puddings and pies. Food should be plainly prepared, and the fewer the dishes set before the obese at any meal the better. No matter what is eaten, the scales will surely indicate when the amount taken is sufficiently small to reduce the weight. As for exercise, it matters little what kind it is, so it bring into play many muscles and is not strenuous nor exhausting.

As in any other chronic disease the earlier it is checked the better, for when diseased changes brought about by obesity have taken place, it is not easy, even if possible, to restore the damaged organs. Then, in obesity, as we have already noted, the habits of eating become more and more fixed and ability to exercise becomes more and more diminished as time passes, and the longer the reform is delayed the more difficult it becomes.

So difficult is it for the obese to overcome his (for him) bad

habits that he naturally hopes for some easier method of cure. There is, however, no royal road to health, and all the advertised cures for corpulence that are safe, depend for their results on these same means,—of exercise and of control of the pleasures of the palate, by following real hunger and not an “it-tastes-so-good” appetite. Those who have sufficient will power to carry out the cure, and who prefer to eat to live rather than to live to eat, will not only enjoy longer life but will be more comfortable and useful during their allotted days.

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## PRIVATE DUTY NURSING

BY CLARA BARTON McMILLAN, R.N.

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In giving her address to a graduating class, not long ago, a superintendent of a training school in this state said, “I trust you are not going to be contented to be one of those nurses who are satisfied to live in a suit-case.” Should private nursing be so belittled? Is it true that institutional work alone leads to places of authority in the nursing world by promotion, as well as paying financially?

From a material standpoint, a nurse would not readily accept the hours and work required in private duty. However, the satisfaction of accomplishing so much good under difficulties compensates her for these disagreeable factors.

Social service nurses gradually become heads of departments and may become prominent in public health work. They are called for now, especially, in connection with reconstruction work. Although a nurse may be a very good private nurse, still to the end of her professional days she is a private nurse and, you will occasionally hear, only a private nurse.

In private duty, the nurse works hand in hand with the doctor more than in any other branch of nursing, and in her personal contact with patient and doctor, she is able to estimate each at his real value. As a true comrade, she has a certain satisfaction in helping both fight their battles. In a home, the sick member is not a case to the family; their world is at a standstill until the crisis is over. The private duty nurse must appreciate this, must relieve their worry by conveying to them her sympathy, showing her professional ability and her deep interest in the patient.

The problem of the private duty nurse is not one of methodical management, but of adaptability, whether she can give the required treatments without antagonizing anyone, can accustom herself to